



STATE OF MISSOURI
APPLICATION FOR EMPLOYMENT
"AN EQUAL OPPORTUNITY EMPLOYER"
www.oe.mo.gov/pers

PLEASE TYPE OR PRINT IN INK. YOUR APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.

IDENTIFICATION

NAME (LAST, FIRST, MIDDLE)			SOCIAL SECURITY NUMBER -		
PRESENT MAILING ADDRESS (STREET AND NUMBER OR RFD)			HOME TELEPHONE NUMBER ()		OTHER TELEPHONE NUMBER ()
CITY	STATE	ZIP CODE	E-MAIL ADDRESS		
OTHER NAMES USED			ARE YOU AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POSITIONS (JOB TITLES) FOR WHICH YOU ARE APPLYING

Some examples of job titles are Corrections Officer I, Account Clerk II, and Park Ranger. Applications without job titles will be returned.

DO NOT WRITE IN THIS SPACE

	PENDING	ELIGIBLE	INELIGIBLE
a			
b			
c			
d			
e			

AVAILABILITY

Check one or more of the following. NOTE: Temporary positions may not exceed 6-months employment in a 12-month period.

☐ FULL-TIME ☐ PART-TIME ☐ TEMPORARY ☐ SUMMER

Check the county or counties in which you are willing to work.

<input type="checkbox"/> All Locations	<input type="checkbox"/> Carroll	<input type="checkbox"/> Douglas	<input type="checkbox"/> Johnson	<input type="checkbox"/> Moniteau	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Shannon
<input type="checkbox"/> Adair	<input type="checkbox"/> Carter	<input type="checkbox"/> Dunklin	<input type="checkbox"/> Knox	<input type="checkbox"/> Monroe	<input type="checkbox"/> Putnam	<input type="checkbox"/> Shelby
<input type="checkbox"/> Andrew	<input type="checkbox"/> Cass	<input type="checkbox"/> Franklin	<input type="checkbox"/> Laclede	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Ralls	<input type="checkbox"/> Stoddard
<input type="checkbox"/> Atchison	<input type="checkbox"/> Cedar	<input type="checkbox"/> Gasconade	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Morgan	<input type="checkbox"/> Randolph	<input type="checkbox"/> Stone
<input type="checkbox"/> Audrain	<input type="checkbox"/> Chariton	<input type="checkbox"/> Gentry	<input type="checkbox"/> Lawrence	<input type="checkbox"/> New Madrid	<input type="checkbox"/> Ray	<input type="checkbox"/> Sullivan
<input type="checkbox"/> Barry	<input type="checkbox"/> Christian	<input type="checkbox"/> Greene	<input type="checkbox"/> Lewis	<input type="checkbox"/> Newton	<input type="checkbox"/> Reynolds	<input type="checkbox"/> Taney
<input type="checkbox"/> Barton	<input type="checkbox"/> Clark	<input type="checkbox"/> Grundy	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Nodaway	<input type="checkbox"/> Ripley	<input type="checkbox"/> Texas
<input type="checkbox"/> Bates	<input type="checkbox"/> Clay	<input type="checkbox"/> Harrison	<input type="checkbox"/> Linn	<input type="checkbox"/> Oregon	<input type="checkbox"/> St. Charles	<input type="checkbox"/> Vernon
<input type="checkbox"/> Benton	<input type="checkbox"/> Clinton	<input type="checkbox"/> Henry	<input type="checkbox"/> Livingston	<input type="checkbox"/> Osage	<input type="checkbox"/> St. Clair	<input type="checkbox"/> Warren
<input type="checkbox"/> Bollinger	<input type="checkbox"/> Cole	<input type="checkbox"/> Hickory	<input type="checkbox"/> McDonald	<input type="checkbox"/> Ozark	<input type="checkbox"/> St. Francois	<input type="checkbox"/> Washington
<input type="checkbox"/> Boone	<input type="checkbox"/> Cooper	<input type="checkbox"/> Holt	<input type="checkbox"/> Macon	<input type="checkbox"/> Pemiscot	<input type="checkbox"/> St. Louis County	<input type="checkbox"/> Wayne
<input type="checkbox"/> Buchanan	<input type="checkbox"/> Crawford	<input type="checkbox"/> Howard	<input type="checkbox"/> Madison	<input type="checkbox"/> Perry	<input type="checkbox"/> St. Louis City	<input type="checkbox"/> Webster
<input type="checkbox"/> Butler	<input type="checkbox"/> Dade	<input type="checkbox"/> Howell	<input type="checkbox"/> Maries	<input type="checkbox"/> Pettis	<input type="checkbox"/> Ste. Genevieve	<input type="checkbox"/> Worth
<input type="checkbox"/> Caldwell	<input type="checkbox"/> Dallas	<input type="checkbox"/> Iron	<input type="checkbox"/> Marion	<input type="checkbox"/> Phelps	<input type="checkbox"/> Saline	<input type="checkbox"/> Wright
<input type="checkbox"/> Callaway	<input type="checkbox"/> Daviess	<input type="checkbox"/> Jackson	<input type="checkbox"/> Mercer	<input type="checkbox"/> Pike	<input type="checkbox"/> Schuyler	
<input type="checkbox"/> Camden	<input type="checkbox"/> Dekalb	<input type="checkbox"/> Jasper	<input type="checkbox"/> Miller	<input type="checkbox"/> Platte	<input type="checkbox"/> Scotland	
<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Dent	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Polk	<input type="checkbox"/> Scott	

EXAMINATION SITE PREFERENCE

STANDARD EXAMINATION CENTERS: Written and/or performance examinations are required for a number of classifications. Indicate one of the following cities in which you wish to take the examination. Not all examinations may be scheduled in these centers.

<input type="checkbox"/> Cape Girardeau	<input type="checkbox"/> Columbia	<input type="checkbox"/> Hannibal	<input type="checkbox"/> Joplin	<input type="checkbox"/> Kirksville	<input type="checkbox"/> Poplar Bluff	<input type="checkbox"/> St. Joseph	<input type="checkbox"/> Sedalia
<input type="checkbox"/> Chillicothe	<input type="checkbox"/> Farmington	<input type="checkbox"/> Jefferson City	<input type="checkbox"/> Kansas City	<input type="checkbox"/> Nevada	<input type="checkbox"/> Rolla	<input type="checkbox"/> St. Louis	<input type="checkbox"/> Springfield

TESTING ACCOMMODATIONS: Any applicant in need of special examination accommodations due to religious beliefs or disability under the Americans with Disabilities Act should contact us. Our contact information is listed on the last page of this application.

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME (OTHER THAN TRAFFIC VIOLATIONS)?

☐ YES ☐ NO

Conviction of a violation of the law is not an automatic bar to employment. The State of Missouri, for employment purposes, regards the suspended imposition of a sentence as a conviction.

EDUCATION (IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL PAGES.)									
HIGH SCHOOL OR GENERAL EDUCATION DEVELOPMENT (GED)									
HAVE YOU EARNED A HIGH SCHOOL DIPLOMA OR G.E.D. CERTIFICATE?					CIRCLE HIGHEST GRADE COMPLETED				
<input type="checkbox"/> YES <input type="checkbox"/> NO					1 2 3 4 5 6 7 8 9 10 11 12				
HIGH SCHOOL COURSE RECORD: Indicate number of years of specialized high school courses completed.									
Biology _____	Computer Applications _____	Industrial Arts/Shop _____	Recreation/Physical Ed _____						
Bookkeeping _____	Arts and Crafts _____	Music _____	Stenography _____						
Chemistry/Physics _____	Home Economics _____	Organized Athletics _____	Typing/Keyboarding _____						
VOCATIONAL, TECHNICAL, MILITARY, OR TRADE SCHOOL									
NAME AND LOCATION		CREDITS EARNED		TRAINING AREA	CERTIFICATE TYPE	DATE RECEIVED			
		CLOCK HOURS	OTHER (Specify Type)			MO	YEAR		
COLLEGE EDUCATION: COPY OF OFFICIAL TRANSCRIPTS MUST BE ATTACHED									
NAME AND LOCATION		CREDITS EARNED		MAJOR/MINOR	DEGREE TYPE	DATE RECEIVED			
		QUARTER HOURS	SEMESTER HOURS			MO	YEAR		
INTERNSHIPS AND/OR PRACTICUMS									
SPONSORING COLLEGE, UNIVERSITY OR BUSINESS		OCCUPATIONAL AREA/FIELD OF INTERNSHIP OR PRACTICUM		DATES FROM/TO	HOURS PER WEEK	TOTAL WEEKS	COLLEGE CREDIT	PAID	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
							<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
CERTIFICATES/LICENSES: COPY OF CERTIFICATE/LICENSE MUST BE ATTACHED									
If you are currently certified, registered, or licensed to practice a profession or occupation, provide the following:									
LICENSE/CERTIFICATE ISSUED BY		FIELD/TRADE/SPECIALIZATION		LICENSE/CERTIFICATE NUMBER		DATE OF ISSUE		EXPIRATION DATE	
EXPERIENCE RECORD (PAID AND VOLUNTEER)									
<ul style="list-style-type: none"> List your work experience, starting with the most recent. If you have held more than one job or position level (including promotions) with the same organization or state agency, list each separately. The information you provide in the "Duties" section is used to determine your qualifications. For those Merit System jobs which require an education and experience rating, this information is the basis for that rating. Incomplete descriptions will impact eligibility determinations and ratings. You must show the percent of time spent for each job duty. To describe additional experience or add more detail to the "Duties" section, complete and attach a sheet of paper using the same format as used here and identify the job to which it relates. A RESUME MAY NOT BE SUBSTITUTED FOR INFORMATION REQUESTED BELOW. 									
EMPLOYER'S NAME			%	DUTIES (Show % of time spent on each duty in column at left.)					
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)									
TYPE OF BUSINESS	YOUR JOB TITLE								
FROM: MO/YR	TO: MO/YR								
HOURS PER WEEK	LAST MO. SALARY								
SUPERVISOR'S NAME AND TITLE		TELEPHONE							
REASON FOR LEAVING			TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED					
MAY WE CONTACT YOUR SUPERVISOR?									
<input type="checkbox"/> YES <input type="checkbox"/> NO									

EXPERIENCE RECORD (CONTINUED)				
EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)	
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)				
TYPE OF BUSINESS	YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR			
HOURS PER WEEK	LAST MO. SALARY			
SUPERVISOR'S NAME AND TITLE		TELEPHONE		
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	
EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)	
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)				
TYPE OF BUSINESS	YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR			
HOURS PER WEEK	LAST MO. SALARY			
SUPERVISOR'S NAME AND TITLE		TELEPHONE		
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	
EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)	
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)				
TYPE OF BUSINESS	YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR			
HOURS PER WEEK	LAST MO. SALARY			
SUPERVISOR'S NAME AND TITLE		TELEPHONE		
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	
EMPLOYER'S NAME		%	DUTIES (Show % of time spent on each duty in column at left.)	
EMPLOYER'S ADDRESS (STREET, CITY AND STATE)				
TYPE OF BUSINESS	YOUR JOB TITLE			
FROM: MO/YR	TO: MO/YR			
HOURS PER WEEK	LAST MO. SALARY			
SUPERVISOR'S NAME AND TITLE		TELEPHONE		
REASON FOR LEAVING		TOTAL 100%	IF YOU SUPERVISED EMPLOYEES, PLEASE INDICATE THE NUMBER AND TYPE OF WORK PERFORMED	

VETERAN'S PREFERENCE (APPLIES TO OPEN COMPETITIVE, NOT PROMOTIONAL EXAMINATIONS)

Check the appropriate boxes below. Veterans' preference points are not cumulative and only 5 or 10 points total is allowable.

- ☐ I am now a citizen of Missouri.
- ☐ I served on active duty for at least six consecutive months (unless released early as a result of a service-related disability or a reduction in force at the convenience of the government) **OR** I was called to active duty by the President and participated in a campaign or expedition for which a campaign badge or service medal has been authorized. **(Attach a copy of DD214 showing character of service or award of a badge or medal.)** (5 points)
- ☐ I have satisfactorily completed at least six (6) years of service as a member of the reserves or National Guard. **(Attach Point Summary for reserve duty or NGB Form 22 for National Guard duty.)** (5 points)
- ☐ I receive compensation for a service-related disability. **(Attach a current statement less than six months old from the Veterans Administration.) OR** I am a National Guard veteran who was permanently disabled as a result of active service to the state at the call of the governor. **(Attach documentation.)** (10 points)
- ☐ I am the spouse of a disabled veteran who is unqualified for state employment because of a service-related disability. **(Attach a current statement less than six months old from the Veterans Administration that states the current percentage and general nature of disability that prohibits your spouse from employment.)** (5 points)
- ☐ I am the unmarried surviving spouse of a disabled veteran. **OR**, I am the unmarried surviving spouse of a person who was killed while on active duty in the armed forces of the United States or the National Guard as a result of active service to the state at the call of the governor. **(Attach copies of spouse's DD214 or casualty report and Death Certificate.)** (5 points)

PARENTAL PREFERENCE (APPLIES TO OPEN COMPETITIVE, NOT PROMOTIONAL EXAMINATIONS)

Complete the information below. Eligible applicants will be allotted 5 points.

- ☐ I left state employment to be a full-time homemaker and caretaker of at least one child under the age of ten and have not been employed for a period of two years. Complete the following questions.

MISSOURI STATE AGENCY YOU LEFT, YOUR TITLE, AND DATES OF EMPLOYMENT	BEGINNING AND ENDING DATES THAT YOU WERE A FULL-TIME HOMEMAKER AND CARETAKER OF CHILD/CHILDREN UNDER THE AGE OF TEN
DID YOU RESIGN IN GOOD STANDING? <input type="checkbox"/> YES <input type="checkbox"/> NO	LIST ANY EMPLOYMENT DURING THE ABOVE PERIOD
YOUR FULL NAME AT THE TIME YOU LEFT STATE EMPLOYMENT	NAME(S) AND BIRTH DATE(S) OF THE CHILD/CHILDREN YOU CARED FOR DURING THE ABOVE PERIOD.

SKILLS

WHAT TOOLS, EQUIPMENT AND/OR SOFTWARE CAN YOU USE PROFICIENTLY?

APPLICANT CERTIFICATION AND AUTHORIZATION

- I hereby certify that this application contains no known misrepresentation or falsifications and that the information given by me is true and complete to the best of my knowledge and belief. I am aware that should an investigation at any time disclose any such misrepresentation or falsification as to a material fact, my application will be rejected or if selected, I may be dismissed.
- I authorize any law enforcement agency, or the Department of Revenue or other motor vehicle regulatory agency to allow any authorized representative of the State of Missouri to examine, copy or receive any records pertaining to me regarding convictions or driving record. I authorize the Department of Revenue to verify compliance with 105.262 RSMo at the request of an authorized representative of the State of Missouri.
- By authorizing the above, I agree to hold harmless any individual, partnership, corporation, educational institution, or agency, its officers, agents and employees from any liability for any damage whatsoever for issuing such information.

SIGNATURE	DATE
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RETURN TO: DIVISION OF PERSONNEL ROOM 430 TRUMAN BUILDING P.O. Box 388 Jefferson City, MO 65102-0388	E-mail Address persmail@mail.state.mo.us Telephone (573) 751-4162 FAX (573) 522-3284 Web Address www.oa.mo.gov/pers
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STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PERSONNEL

OPTIONAL APPLICANT CHARACTERISTIC SURVEY

The following requested information is **VOLUNTARY** and in no way affects you as an individual applicant or your application for employment. This information will be used for federal reporting and research purposes only to find out how effective our recruitment efforts are in reaching all segments of the population and in providing equal employment opportunity.

INSTRUCTIONS

Please fill in your Social Security Number in the spaces provided below. Circle the correct number in each question below. Place your numbered answer to each question in the space indicated by the arrow. Return this form with your application for employment.

**SOCIAL SECURITY
NUMBER**



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- A. Gender?
1. Male
 2. Female



- B. What is the highest level of education you have attained?
1. 0 - 8 years
 2. 9 - 12 years but not a high school graduate
 3. High school graduate (or passed GED test)
 4. Post high school vocational or business school training
 5. College, less than B.A. or B.S. degree
 6. B.A., or B.S., or comparable bachelor's degree
 7. M.A., or M.S., or comparable master's degree
 8. PhD, JD, LLB, or comparable professional degree
 9. MD, DO or comparable professional degree in medicine



- C. Which racial/ethnic group do you consider yourself a member?
- | | | |
|--------------------|-------------------|----------|
| 1. American Indian | 3. Asian/Oriental | 5. White |
| 2. Hispanic | 4. Black | 6. Other |



- D. What is your age?
- | | | |
|----------------|----------------|---------------------|
| 1. 16-24 years | 4. 40-49 years | 7. 65-69 years |
| 2. 25-29 years | 5. 50-59 years | 8. 70 or more years |
| 3. 30-39 years | 6. 60-64 years | |



- E. How did you learn about this merit system opportunity?
- | | |
|-----------------------------------|----------------------------|
| 1. Missouri Division of Personnel | 6. Radio |
| 2. Missouri Works | 7. Television |
| 3. Other state agency | 8. Newspaper or periodical |
| 4. Friend | 9. School |
| 5. State employee | 10. Other |



- F. Do you have a physical or mental disability that requires reasonable accommodation during employment?
1. Yes
 2. No

RETURN THIS FORM WITH THE APPLICATION FOR EMPLOYMENT TO THE

Division of Personnel
P.O. Box 388
Jefferson City, MO 65102-0388